

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2010 JAN 11 AM 7:21

COMMITTEE NAME (Must be same as on Statement of Organization)	
Sodders For State Senate	
IMPORTANT: Indicate by # type of committee you are reporting for: <input type="checkbox"/> 1	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY:	
Candidate Name Steve Sodders	Political Party (if applicable) Democrat
Office Sought State Senate	District (if Senate or House) 22

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1702
Logged In	<i>[Signature]</i>
Scanned	
Computer	
Audited	7 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature]

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

1/10/10

DATE SIGNED

I AM FILING A Jan. 19, 2010

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	3,735.10
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")		4,615.00
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	8,350.10
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")		5,988.33
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	2,361.77
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	106.46
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(including candidate's personal funds)**COMMITTEE NAME** (Must be same as on Statement of Organization)
Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
6/6/09	ID# CK#	Mark D. Smith 816 Roberts Terrace Marshalltown, IA 50158		\$90.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Catherine A. Noble P.O. Box 186 State Center, IA 50247		\$25.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	David S. Winterton P.O. Box 433 State Center, IA 50247		\$40.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Patrick Stansberry 705 W Church Street Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Marcia J. Quick 104 6th St. NW State Center, IA 50247		\$30.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Kim Smith 205 N. Center St. Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Sharon Johnson 3077 Fairman Ave. Rhodes, IA 50234		\$15.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	Angela Lins-Eich 410 W Main Street Marshalltown, IA 50158		\$30.00	<input checked="" type="checkbox"/>
6/6/09	ID# CK#	PASS THE HAT		\$320.00	<input checked="" type="checkbox"/>
7/7/09	ID# CK#	Wayne Sawtelle 308 S. 6th St. Marshalltown, IA 50158		\$150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 760.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
7/9/09	ID# 6084 CK# 862	Iowa State UAW-PAC Committee ID #6084 680 Barclay Blvd. Lincolnshire, IL 60069		\$500.00	<input checked="" type="checkbox"/>
7/9/09	ID# 8545 CK# 1046	Lincolnway Energy PAC 59511 W Lincoln HWY. Nevada, IA 50201		\$250.00	<input checked="" type="checkbox"/>
7/9/09	ID# 6291 CK# 2740	Iowa Hospital Association PAC 100 E. Grand-Suite 100 Des Moines, IA 50309		\$500.00	<input checked="" type="checkbox"/>
7/9/09	ID# 6058 CK# 4480	Iowa Chiropractic Society PAC 1605 N. Ankeny BLVD, Suite 100 Ankeny, IA 50023		\$100.00	<input checked="" type="checkbox"/>
7/9/09	ID# 6077 CK# 2055	Iowa Pharmacy PAC #6077 8515 Douglas, Suite 16 Des Moines, IA 50322		\$100.00	<input checked="" type="checkbox"/>
7/9/09	ID# CK#	Susan K. Cameron 600 Brentwood Dr. Waukee, IA 50263		\$250.00	<input checked="" type="checkbox"/>
7/9/09	ID# CK#	Andrew J. Baumert 5068 Coachlight Dr. West Des Moines, IA 50265-6928		\$50.00	<input checked="" type="checkbox"/>
7/17/09	ID# CK#	Judith Hoffman 3820 Quebec Street Ames, IA 50014		\$25.00	<input type="checkbox"/>
9/12/09	ID# CK#	Karen Lischer 816 Roberts Terrace Marshalltown, IA 50158-4327		\$40.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	Marcia Quick 104 6th St. NW State Center, IA 50247		\$40.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,855.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
9/12/09	ID# CK#	Penny Weatherly 1400 Lincoln Tower Circle #102 Marshalltown, IA 50158		\$40.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	C. Richard Stockner 2108 Vermillion Marshalltown, IA 50158		\$20.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	David Winterton P.O. Box 433 State Center, IA 50247		\$50.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	Angela -Moon Eich 410 W Main St. Marshalltown, IA 50158-5759		\$40.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	Catherine Noble P.O. Box 186 State Center, IA 50247		\$20.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	Michelle Wilkinson P.O. Box 296 State Center, IA 50247		\$40.00	<input checked="" type="checkbox"/>
9/12/09	ID# CK#	Pass The Hat		\$180.00	<input checked="" type="checkbox"/>
9/17/09	ID# 6067 CK# 4120	Iowa Health PAC #6067 6750 Westown Parkway #100 West Des Moines, IA 50266		\$250.00	<input type="checkbox"/>
11/14/09	ID# 6484 CK# 1109	Iowa Society of Anesthesiologists INC PAC 525 SW 5th St STE A Des Moines, IA 50309-4501		\$100.00	<input type="checkbox"/>
11/14/09	ID# CK#	Myrna Frantz P.O. Box 44 Haverhill, IA 50120		\$10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 750.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
11/14/09	ID# CK#	Angel Munson 2510 S. 6th Street APT A30 Marshalltown, IA 50158		\$40.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	Mark Smith 816 Roberts Terrace Marshalltown, IA 50158		\$65.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	David Winterton P.O. Box 433 State Center, IA 50247		\$50.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	Kenneth Walton 1319 W. Linn Street Marshalltown, IA 50158		\$100.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	S. Spencer Huxley, IA 50124		\$200.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	Penny Weatherly 1400 Lincoln Tower Circle #102 Marshalltown, IA 50158		\$40.00	<input checked="" type="checkbox"/>
11/14/09	ID# CK#	Pass The Hat		\$205.00	<input checked="" type="checkbox"/>
12/2/09	ID# 6058 CK# 4635	Iowa Chiropractic Society PAC 100 East Grand Avenue, Suite 240 Des Moines, IA 50309		\$200.00	<input type="checkbox"/>
12/2/09	ID# CK#	Wayne Sawtelle 308 S. 6th St. Marshalltown, IA 50158		\$100.00	<input type="checkbox"/>
12/23/09	ID# 6098 CK# 3697	IOWA BEV PAC #6098 321 East Walnut Des Moines, IA 50309		\$250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,250.00

TOTAL (If last page of this schedule)

\$ 4,615.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sodders For State Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/25/09	ID# CK# 1086	Carter Printing 1739 E Grand Ave. Des Moines, IA 50316	Postcards	\$ 226.76
7/5/09	ID# CK# 1087	Eldora Newspapers 1513 Edg. Ave. Eldora, IA 50627-1623	12 month subscription	\$46.50
9/25/09	ID# CK# 1088	East Marshall Schools 201 North Franklin LeGrand, IA 50142	100 T-shirts	\$620.00
9/25/09	ID# CK# 1089	Postmaster 101 Gould Street Box 9998 Gladbrook, IA 50635	Stamps	\$8.80
11/12/09	ID# 9098 CK# 1090	Iowa Senate Majority Fund 5661 Fleu Drive Des Moines, IA 50321	Contribution	\$5,000.00
12/19/09	ID# CK# 1091	Steve Sodders P.O. Box 723 State Center, IA 50247	Reimbursement for room rent	\$86.27
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 5,988.33
TOTAL (if last page of this schedule)				\$ 5,988.33

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 Soddors For State Senate

SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/6/09	Steve Soddors P.O. Box 723 State Center, IA 50247		Room Rent	\$ 25.00	<input checked="" type="checkbox"/>
6/25/09	Iowa Senate Majority Fund 5661 Fleur Dr. Des Moines, IA 50321		Postage for Des Moines fundraiser	31.46	<input checked="" type="checkbox"/>
9/12/09	Steve Soddors P.O. Box 723 State Center, IA 50247		Room Rent	25.00	<input checked="" type="checkbox"/>
11/14/09	Steve Soddors P.O. Box 723 State Center, IA 50247		Room Rent	25.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 106.46	
TOTAL (If last page of this schedule)				\$ 106.46	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)